

**LAUREL SCHOOL DISTRICT
SCHOOL BOARD MEMBER ELECTION -- MAY 10, 2003**

AFFIDAVIT FOR ABSENTEE BALLOT FOR PUBLIC SCHOOL ELECTIONS

PERSONAL INFORMATION

(PRINT OR TYPE)

NAME: _____

BIRTH DATE: _____ / _____ / _____
MONTH DAY

PRINT YOUR PERMANENT DELAWARE ADDRESS BELOW:

APT. COMPLEX
OR DEVELOPMENT: _____

ADDRESS: _____

CITY/TOWN: _____ ZIP: _____

NOTICE

IF YOU WANT YOUR BALLOT MAILED TO AN ADDRESS OTHER THAN THE
ONE LISTED ABOVE, COMPLETE THE FOLLOWING:

ADDRESS: _____

CITY/TOWN STATE ZIP

★ ★ ★ ★ ★

FOR DEPARTMENT OF ELECTIONS USE ONLY

NOMINATING/VOTING DISTRICT: _____

AFFIDAVIT REQUESTED: _____

AFFIDAVIT MAILED: _____

AFFIDAVIT RETURNED: _____

BALLOT MAILED: _____

VOTED IN PERSON: _____

BALLOT RETURNED: _____

VOUCHER #: _____

AFFIDAVIT OF VOTER ELIGIBILITY

I, _____,
(PRINT OR TYPE YOUR NAME)

DO SOLEMNLY SWEAR (OR AFFIRM) THAT:

1. I am a citizen of the United States,
2. I am a resident and citizen of the State of Delaware,
3. I am 18 years old or older,
4. I reside within the geographical boundaries of the school district, and
5. I will not vote or attempt to vote at any school district polling place on the day of the election.

I FURTHER SOLEMNLY SWEAR (OR AFFIRM)

THAT I AM UNABLE TO GO TO A SCHOOL
DISTRICT POLLING PLACE ON THE DAY OF THE
ELECTION BECAUSE:

(☐ CHECK THE APPLICABLE BOX BELOW ☐)

- ☐ A. I am temporarily or permanently physically disabled.
- ☐ B. I am in the public service of the U. S. or the State of Delaware.
- ☐ C. I am a qualified citizen or spouse or dependent residing with or accompanying a person who is in the service of the U. S. or the State of Delaware.
- ☐ D. Of the nature of my business or occupation.
- ☐ E. I am sick.
- ☐ F. I am incarcerated.
- ☐ G. Of the tenets or teachings of my religion.
- ☐ H. I am absent from the district while on vacation.
- ☐ I. I am temporarily residing outside of the U.S. and the District of Columbia.
- ☐ J. Of illness or injury received while serving in the Armed Forces of the U.S.
- ☐ K. I am a member of the U.S. Armed Forces.
- ☐ L. I am a member of the American Red Cross or U.S.O.
- ☐ M. I am a member of the U.S. Merchant Marine

I DO SOLEMNLY SWEAR (OR AFFIRM)
UNDER PENALTY OF PERJURY THAT THE
INFORMATION CONTAINED HEREIN IS TRUE.

SIGNATURE OF VOTER

DATE

INSTRUCTIONS ON REVERSE SIDE

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STATE OF DELAWARE
DEPARTMENT OF ELECTIONS FOR SUSSEX COUNTY

INSTRUCTIONS
AFFIDAVIT FOR ABSENTEE BALLOT

1. Complete the ***Personal Information*** Section:
 - a. Print your complete name.
 - b. Enter your date of birth.
 - c. Print the address of your place of permanent place of residence in Delaware.
 - d. If you want your ballot mailed to an address other than the address of your permanent place of residence in Delaware, print that address in the space provided.

2. Complete the ***Affidavit of Voter Eligibility*** Section:
 - a. Print your full name in the space provided.
 - b. Check the box to the left of the reason that explains why you are voting by absentee ballot.
 - c. Sign and date the affidavit in the space provided.

3. Return the completed ***Affidavit for Absentee Ballot for Public Schools Elections*** in person or by mail to:

Department of Elections for Sussex County
Attn: Absentee Voting Materials
119 N. Race Street
Georgetown DE 19947

4. The Department will mail your absentee ballot as soon as the ballots have been printed. The ballots are printed following receipt of ballot information from the school district for which the election is being held.

5. When you receive your absentee ballot, you may vote by mailing the completed ballot to the address above or in person at the Department of Elections between 8:30 a.m. and 4:00 p.m. on normal business days.

6. Contact the Department of Elections at 856-5367 if you have any questions.